

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10 / 518019**

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	I					
2		I				
3	I					
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45						
46						
47						
48						
49						
50						
TOTAL IND.	10					
TOTAL DEP.	21					
TOTAL Fees	31					

TOTAL IND. TOTAL DEP. TOTAL CLAIMS

BEST AVAILABLE COPY